| 81 (Official Form 1)(1/08) | | | | | | | | |
|--|--|--|---|---|--|---|--|---|
| | States Bankı tern District of | | | | | Vo | luntary Peti | ition |
| Name of Debtor (if individual, enter Last, First, Munson, Timothy Michael | Middle): | | | | ebtor (Spouse Irah Mary |) (Last, First, Middle): | | |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | | | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): FKA Sarah M. Noakes | | | | | |
| Last four digits of Soc. Sec. or Individual-Taxpa (if more than one, state all) xxx-xx-6442 | ayer I.D. (ITIN) No./0 | Complete EIN | (if mor | our digits of than one, s | tate all) | Individual-Taxpayer | I.D. (ITIN) No./Com | plete EIN |
| Street Address of Debtor (No. and Street, City, a 1612 Hennessey Road #31 Ontario, NY | | ZIP Code | 16 | | essey Roa | (No. and Street, City, d #31 | Z | IIP Code |
| County of Residence or of the Principal Place of Wayne | | 14519 | | y of Reside yne | nce or of the | Principal Place of Bus | siness: | <u>19 </u> |
| Mailing Address of Debtor (if different from str | eet address): | | Mailin | g Address | of Joint Debt | or (if different from str | reet address): | |
| | Г | ZIP Code | _ | | | | Z | IP Code |
| Location of Principal Assets of Business Debtor (if different from street address above): | | | | | | | • | |
| (Form of Organization) (Check one box) ■ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. □ Corporation (includes LLC and LLP) □ Partnership □ Other (If debtor is not one of the above entities, check this box and state type of entity below.) | ☐ Health Care Bus ☐ Single Asset Rein 11 U.S.C. § 1 ☐ Railroad ☐ Stockbroker ☐ Commodity Bro ☐ Clearing Bank ☐ Other ☐ Tax-Exes | eal Estate as de 101 (51B) bker mpt Entity , if applicable) exempt organiof the United S | zation | defined "incurr | er 7 er 9 er 11 er 12 er 13 are primarily colin 11 U.S.C. § ed by an indivi | of a Foreign Chapter 15 of a Foreign Nature of Debts (Check one box) nsumer debts, | Petition for Recogni Main Proceeding Petition for Recogni Nonmain Proceedin | ng marily |
| Filing Fee (Check or Full Filing Fee attached Filing Fee to be paid in installments (applica attach signed application for the court's cons is unable to pay fee except in installments. Filing Fee waiver requested (applicable to clattach signed application for the court's cons | able to individuals onlideration certifying the land 1006(b). See Office that the property of the land | hat the debtor cial Form 3A. | Check | Debtor is if: Debtor's a to insiders all applica A plan is Acceptance | a small busin not a small bu aggregate nor or affiliates) ble boxes: being filed with the plai | Chapter 11 Debtors ess debtor as defined i usiness debtor as defin contingent liquidated are less than \$2,190,0 th this petition. In were solicited prepet accordance with 11 U. | debts (excluding debts) debts for the debts (excluding debts) debts for the debts fo | 01(51D). bts owed |
| Statistical/Administrative Information ☐ Debtor estimates that funds will be available ☐ Debtor estimates that, after any exempt prop there will be no funds available for distribution | erty is excluded and | administrative | | es paid, | | THIS SPACE IS | FOR COURT USE OF | NLY |
| 1- 50- 100- 200- | 1,000- 5,001- 5,000 10,000 | | 5,001- 0,000 | 50,001- 100,000 | OVER 100,000 | | | |
| \$0 to \$50,001 to \$100,001 to \$500,001 \$50,000 \$100,000 \$500,000 to \$1 | \$1,000,001 \$10,000,001 to \$10 to \$50 million | to \$100 to | | \$500,000,001 to \$1 billion | | | | |
| \$0 to \$50,001 to \$100,001 to \$500,001 | \$1,000,001 \$10,000,001 to \$10 to \$50 | | | \$500,000,001 to \$1 billion | More than \$1 billion | 1.00/47/22 | 1 40 10 | |

| B1 (Official For | m 1)(1/08) | | Page 2 | |
|------------------------------|---|--|---|--|
| Voluntar | y Petition | Name of Debtor(s): | Aighael | |
| (This page mu | est be completed and filed in every case) | Munson, Timothy Michael Munson, Sarah Mary | | |
| (This page ma | All Prior Bankruptcy Cases Filed Within Las | | <u>-</u> | |
| Location | milioi bunitupeey cuses i neu vitami bus | Case Number: | Date Filed: | |
| Where Filed: | - None - | | | |
| Location Where Filed: | | Case Number: | Date Filed: | |
| Pe | nding Bankruptcy Case Filed by any Spouse, Partner, or | Affiliate of this Debtor (I | f more than one, attach additional sheet) | |
| Name of Debt - None - | or: | Case Number: | Date Filed: | |
| District: | | Relationship: | Judge: | |
| | Exhibit A | (T) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Exhibit B | |
| forms 10K a pursuant to S | oleted if debtor is required to file periodic reports (e.g., nd 10Q) with the Securities and Exchange Commission Section 13 or 15(d) of the Securities Exchange Act of 1934 sting relief under chapter 11.) | I, the attorney for the petition have informed the petition 12, or 13 of title 11, Unite | an individual whose debts are primarily consumer debts.) ioner named in the foregoing petition, declare that I ter that [he or she] may proceed under chapter 7, 11, d States Code, and have explained the relief available further certify that I delivered to the debtor the notice 2(b). | |
| ☐ Exhibit | A is attached and made a part of this petition. | X /s/ Raja N. Sekha Signature of Attorney f Raja N. Sekhara | For Debtor(s) (Date) | |
| | Exh | nibit C | | |
| _ | or own or have possession of any property that poses or is alleged to Exhibit C is attached and made a part of this petition. | pose a threat of imminent and | l identifiable harm to public health or safety? | |
| | | aibit D | | |
| _ | leted by every individual debtor. If a joint petition is filed, ea D completed and signed by the debtor is attached and made | - | and attach a separate Exhibit D.) | |
| If this is a joi Exhibit | nt petition: D also completed and signed by the joint debtor is attached a | and made a part of this peti | tion. | |
| | Information Regardin | ng the Debtor - Venue | | |
| | (Check any ap | = | | |
| | Debtor has been domiciled or has had a residence, princip | | | |
| | days immediately preceding the date of this petition or for | ٠. | | |
| | There is a bankruptcy case concerning debtor's affiliate, go | | | |
| | Debtor is a debtor in a foreign proceeding and has its princ this District, or has no principal place of business or assets proceeding [in a federal or state court] in this District, or the sought in this District. | s in the United States but is | a defendant in an action or | |
| | Certification by a Debtor Who Reside | | tial Property | |
| | (Check all app Landlord has a judgment against the debtor for possession | | ox checked, complete the following.) | |
| | (Name of landlord that obtained judgment) | | | |
| | | | | |
| | | | | |
| | (Address of landlord) | | | |
| _ | Debtor claims that under applicable nonbankruptcy law, the entire monetary default that gave rise to the judgment | for possession, after the jud | Igment for possession was entered, and | |
| | Debtor has included in this petition the deposit with the coafter the filing of the petition. | · | | |
| | Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)). | | | |

B1 (Official Form 1)(1/08)

Signatures

Voluntary Petition

(This page must be completed and filed in every case)

Munson, Timothy Michael Munson, Sarah Mary

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

Name of Debtor(s):

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Timothy Michael Munson

Signature of Debtor Timothy Michael Munson

X /s/ Sarah Mary Munson

Signature of Joint Debtor Sarah Mary Munson

Telephone Number (If not represented by attorney)

March 13, 2009

Date

Signature of Attorney*

X /s/ Raja N. Sekharan

Signature of Attorney for Debtor(s)

Raja N. Sekharan

Printed Name of Attorney for Debtor(s)

SEKHARAN LAW OFFICE, P.C.

Firm Name

2540 Brighton Henrietta Townline Road Rochester, NY 14623

Address

Email: rns@rochester.rr.com

(585)272-7007 Fax: (585)272-7011

Telephone Number

March 13, 2009

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

 \mathbf{X}

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Case 2-09-20628-JCN Doc 1 Filed 03/17/09 Entered 03/17/09 11:18:18

B 1D(Official Form 1, Exhibit D) (12/08)

United States Bankruptcy CourtWestern District of New York

| | Timothy Michael Munson | | | |
|-------|------------------------|-----------|----------|---|
| In re | Sarah Mary Munson | | Case No. | |
| | | Debtor(s) | Chapter | 7 |
| | | · / | • | - |

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] ____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

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| B 1D(Official Form 1, Exhibit D) (12/08) - Cont. |
|---|
| ☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable |
| statement.] [Must be accompanied by a motion for determination by the court.] |
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or |
| mental deficiency so as to be incapable of realizing and making rational decisions with respect to |
| financial responsibilities.); |
| ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); |
| ☐ Active military duty in a military combat zone. |
| □ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district. |
| I certify under penalty of perjury that the information provided above is true and correct. |
| Signature of Debtor: /s/ Timothy Michael Munson Timothy Michael Munson |

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Date: March 13, 2009

B 1D(Official Form 1, Exhibit D) (12/08)

United States Bankruptcy CourtWestern District of New York

| | Timothy Michael Munson | | | |
|-------|------------------------|-----------|----------|---|
| In re | Sarah Mary Munson | | Case No. | |
| | | Debtor(s) | Chapter | 7 |
| | | · / | • | - |

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] ____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

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| B 1D(Official Form 1, Exhibit D) (12/08) - Cont. |
|---|
| ☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable |
| statement.] [Must be accompanied by a motion for determination by the court.] |
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or |
| mental deficiency so as to be incapable of realizing and making rational decisions with respect to |
| financial responsibilities.); |
| ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); |
| ☐ Active military duty in a military combat zone. |
| ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district. |
| I certify under penalty of perjury that the information provided above is true and correct. |
| Signature of Debtor: // // Sarah Mary Munson Sarah Mary Munson |

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Date: March 13, 2009

United States Bankruptcy Court Western District of New York

| In re | Timothy Michael Munson, | | Case No. | |
|-------|-------------------------|---------|----------|---|
| | Sarah Mary Munson | | | |
| _ | | Debtors | Chapter | 7 |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property | Yes | 1 | 17,919.00 | | |
| B - Personal Property | Yes | 4 | 6,206.01 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | 28,490.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 2 | | 130.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 11 | | 30,439.00 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 1 | | | 788.00 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 2 | | | 1,890.00 |
| Total Number of Sheets of ALL Schedu | ıles | 25 | | | |
| | T | otal Assets | 24,125.01 | | |
| | | | Total Liabilities | 59,059.00 | |

Case 2-09-20628-JCN, Doc 1, Filed 03/17/09, Entered 03/17/09 11:18:18, Copyright (c) 1996-2009 - Best Case Solutions - Evanston, IL Description: Main Document, Page 8 of 55

United States Bankruptcy CourtWestern District of New York

| In re | Timothy Michael Munson, | | Case No. | | |
|-------|-------------------------|---------|----------|---|--|
| _ | Sarah Mary Munson | , | | | |
| | | Debtors | Chapter | 7 | |
| | | | | | |

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. \S 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|--------|
| Domestic Support Obligations (from Schedule E) | 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | 130.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00 |
| Student Loan Obligations (from Schedule F) | 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | 0.00 |
| TOTAL | 130.00 |

State the following:

| Average Income (from Schedule I, Line 16) | 788.00 |
|--|----------|
| Average Expenses (from Schedule J, Line 18) | 1,890.00 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | 787.00 |

State the following:

| but the following. | | |
|--|--------|-----------|
| Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | 10,571.00 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | 130.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | 0.00 |
| 4. Total from Schedule F | | 30,439.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | 41,010.00 |

Ontario, New York

| • | |
|----|----|
| In | re |

Timothy Michael Munson, Sarah Mary Munson

| Cuse 110. |
|-----------|
| |

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property Nature of Debtor's Interest in Property Nature of Debtor's Interest in Property Nature of Debtor's Wife, Joint, or Community Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption Amount of Secured Claim | Single family dwelling 1612 Hennessey Road #31 | Fee simple | Н | 17,919.00 | 28,490.00 |
|---|---|------------|--------------------|--|-----------|
| | Description and Location of Property | | Wife, Joint, or | Debtor's Interest in Property, without Deducting any Secured | |

Sub-Total > 17,919.00 (Total of this page)

Total > **17,919.00**

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules) Entered 03/17/09 11:18:18,

| - | • | |
|---|---|----|
| | n | ** |
| | | 10 |

Timothy Michael Munson, Sarah Mary Munson

| Case No. | |
|----------|--|
| | |

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| | Type of Property | N O Description and Location of Property E | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|----|--|---|---|---|
| 1. | Cash on hand | Cash on Hand | J | 300.00 |
| 2. | accounts, certificates of deposit, or | Checking Account Citizens Bank | Н | 0.00 |
| | shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | Savings Account Citizens Bank | н | 0.01 |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others. | x | | |
| 4. | Household goods and furnishings, including audio, video, and computer equipment. | Couches; Tables; Lamp; Television; Chairs; Beds; Dressers; Radio; Fridge; Stove; Dishes; Cookware; Coffee Pot; Desk | J | 790.00 |
| | | VCR/DVD player; Extra Television; Microwave; Dishwasher; Washing machine; Dryer; Computer; Vacuum cleaner | J | 385.00 |
| 5. | | Miscellaneous Non-Collectible Consumer Books | J | 40.00 |
| | objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | Miscellaneous non-collectible consumer DVDs | J | 50.00 |
| 6. | Wearing apparel. | Clothes | J | 100.00 |
| 7. | Furs and jewelry. | Engagement Ring | W | 200.00 |
| | | Wedding Bands | J | 150.00 |
| | | Small items of jewelry (No Precious Stones) | W | 70.00 |
| 8. | Firearms and sports, photographic, | Camera | J | 30.00 |
| | and other hobby equipment. | Rifle | Н | 50.00 |

| Sub-Total > | 2,165.01 |
|----------------------|----------|
| (Total of this page) | |

| In re | Timothy Michael Munson |
|-------|------------------------|
| | Sarah Mary Munson |

| Case No. |
|----------|
| |

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|---|------------------|--|---|---|
| 9. | Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | Х | | | |
| 10. | Annuities. Itemize and name each issuer. | X | | | |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. | Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments. | | Savings Bond | w | 25.00 |
| 16. | Accounts receivable. | X | | | |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | | Timmothy Tenant Child Support for Sarina Tenant | W | Unknown |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| | | | | | |
| | | | | Sub-Tota | al > 25.00 |

(Total of this page)

25.00

| In re | Timothy Michael Munson, |
|-------|-------------------------|
| | Sarah Mary Munson |

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|---|------------------|---|---|---|
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | Х | | | |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | | 2009 Estimated Income Tax Refund (Calculation based upon 2008 refund of\$2,500) | J | 506.00 |
| 22. | Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. | Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories. | (| 2000 Chevrolet Blazer Mileage - 100,000 (Value determined by certified appraisal from International Vehicle Appraisers Network, Richard K. Barrett, of Counsel) | н | 2,800.00 |
| | | ĺ | 2008 Ringo Trailer (Value determined by certified appraisal from International Vehicle Appraisers Network, Richard K. Barrett, of counsel) | н | 450.00 |
| 26. | Boats, motors, and accessories. | X | | | |
| 27. | Aircraft and accessories. | X | | | |
| 28. | Office equipment, furnishings, and supplies. | X | | | |
| 29. | Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. | Inventory. | X | | | |
| | | | (Total | Sub-Total of this page) | al > 3,756.00 |

Sheet **2** of **3** continuation sheets attached

| In re | Timothy Michael Munson |
|-------|------------------------|
| | Sarah Marv Munson |

| Case No. |
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SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| Type of Property | N O Description and Location of Property E | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|---|--|---|---|
| 31. Animals. | Cats | J | 25.00 |
| | Dog | J | 50.00 |
| | Fish tank with fish | J | 100.00 |
| 32. Crops - growing or harvested. Give particulars. | x | | |
| 33. Farming equipment and implements. | x | | |
| 34. Farm supplies, chemicals, and feed. | x | | |
| 35. Other personal property of any kind | Lawn mower | J | 75.00 |
| not already listed. Itemize. | Lawn tools | J | 10.00 |

Sub-Total > 260.00 (Total of this page) Total > 6,206.01 In re

Timothy Michael Munson, Sarah Mary Munson

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: | ☐ Check if debtor claims a homestead exemption that exceeds |
|---|---|
| (Check one box) | \$136,875. |
| ☐ 11 U.S.C. §522(b)(2) | |
| ■ 11 U.S.C. §522(b)(3) | |

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|--|---|----------------------------------|---|
| Cash on Hand Cash on Hand | Debtor & Creditor Law § 283(2) | 300.00 | 300.00 |
| Checking, Savings, or Other Financial Accounts, C Checking Account Citizens Bank | ertificates of Deposit Debtor & Creditor Law § 283(2) | 0.00 | 0.00 |
| Savings Account Citizens Bank | Debtor & Creditor Law § 283(2) | 0.01 | 0.01 |
| Household Goods and Furnishings Couches; Tables; Lamp; Television; Chairs; Beds; Dressers; Radio; Fridge; Stove; Dishes; Cookware; Coffee Pot; Desk | Debtor & Creditor Law § 283(2) | 790.00 | 790.00 |
| Books, Pictures and Other Art Objects; Collectibles Miscellaneous Non-Collectible Consumer Books | S NYCPLR § 5205(a)(2) | 40.00 | 40.00 |
| Wearing Apparel Clothes | NYCPLR § 5205(a)(5) | 100.00 | 100.00 |
| <u>Furs and Jewelry</u> Wedding Bands | NYCPLR § 5205(a)(6) | 150.00 | 150.00 |
| Other Contingent and Unliquidated Claims of Every 2009 Estimated Income Tax Refund (Calculation based upon 2008 refund of\$2,500) | Nature Debtor & Creditor Law § 283(2) | 506.00 | 506.00 |
| Automobiles, Trucks, Trailers, and Other Vehicles 2000 Chevrolet Blazer Mileage - 100,000 (Value determined by certified appraisal from International Vehicle Appraisers Network, Richard K. Barrett, of Counsel) | Debtor & Creditor Law § 282(1) | 2,400.00 | 2,800.00 |
| Animals Cats | NYCPLR § 5205(a)(4) | 25.00 | 25.00 |
| Dog | NYCPLR § 5205(a)(4) | 50.00 | 50.00 |

Total: 4,361.01 In re

Timothy Michael Munson, Sarah Mary Munson

| Case No. |
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Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu H W J C | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | COZHLZGEZ | DNLLQULDA | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|----------|------------------------|--|-----------|------------|----------|--|---------------------------------|
| Account No. xxxxx2935 | | | 01/29/06 | Т | DATED | | | |
| BALLSTON SPA NATIONAL BANK P.O. Box #70 Ballston Spa, NY 12020-0070 | | Н | Purchase Money Security Single family dwelling 1612 Hennessey Road #31 Ontario, New York | | ט | | | |
| | Ц | L | Value \$ 17,919.00 | \sqcup | | | 28,490.00 | 10,571.00 |
| Account No. | | | Value \$ | | | | | |
| Account No. | П | Г | | \sqcap | | | | |
| | | | Value \$ | | | | | |
| Account No. | | | | Π | | | | |
| | | | Value \$ | | | | | |
| continuation sheets attached | - | | Subtotal (Total of this page) | | | | 28,490.00 | 10,571.00 |
| | | | | To | ota | .1 | 28,490.00 | 10,571.00 |
| (Papert on Summers of Sahadulas) | | | | ا ري | 20, .00.00 | | | |

Timothy Michael Munson, Sarah Mary Munson

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed to place an "X" in the column labeled "Unliquidated." If the claim is disputed to place an "X" in the

| Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules. Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. |
|--|
| ☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) |
| ☐ Domestic support obligations |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). |
| ☐ Extensions of credit in an involuntary case |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). |
| ☐ Wages, salaries, and commissions |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| ☐ Contributions to employee benefit plans |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of busines whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). |
| ☐ Certain farmers and fishermen |
| Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). |
| ☐ Deposits by individuals |
| Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). |
| ■ Taxes and certain other debts owed to governmental units |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). |
| ☐ Commitments to maintain the capital of an insured depository institution |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). |
| ☐ Claims for death or personal injury while debtor was intoxicated |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10). |

^{*} Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Timothy Michael Munson, Sarah Mary Munson

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY Husband, Wife, Joint, or Community AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ODEBTOR ONTINGENT NL QU L DATED AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED **AMOUNT** W INCLUDING ZIP CODE, AND CONSIDERATION FOR CLAIM OF CLAIM C AMOUNT ENTITLED TO PRIORITY AND ACCOUNT NUMBER (See instructions.) Account No. xxx-xx-6442 12/31/08 2008 State Income Taxes **NEW YORK STATE DEPARTMENT OF** 0.00 **TAXATION AND FINANCE** W.A. Harriman Building J Albany, NY 12201 130.00 130.00 Account No. Account No. Account No. Account No. Subtotal 0.00 Sheet <u>1</u> of <u>1</u> continuation sheets attached to (Total of this page) Schedule of Creditors Holding Unsecured Priority Claims 130.00 130.00 0.00

Case 2-09-20628-JCN, Doc 1, Filed 03/17/09, Entered 03/17/09 11:18:18,

(Report on Summary of Schedules)

130.00

130.00

| re |
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| |
| |

Timothy Michael Munson, Sarah Mary Munson

| Case No. | |
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| | |

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

 \square Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, | 00 | Hu | sband, Wife, Joint, or Community | CO | Z C | D | ·T | |
|---|----------|-------------|---|-------------|------------|----------|-----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J M H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | OZH - ZG EZ | 771-05-D4F | Ī | | AMOUNT OF CLAIM |
| Account No. xxx8129 | | | 05/08 | T | T E | | | |
| ATLANTIC CREDIT AND FINANCE P.O. Box #13386 Roanoke, VA 24033 | | J | Consumer goods and services. Possible duplicate creditor for HSBC Bank USA #6832 | | ם | | | 2,251.00 |
| A4 N - 1004 | | _ | 00/07 | H | Н | \vdash | + | |
| Account No. xxx5881 ATLANTIC CREDIT AND FINANCE P.O. Box #13386 Roanoke, VA 24033 | | w | 08/07 Consumer goods and services | | | | | 2,538.00 |
| Account No. xxxxxxxxxxxxx1821 | | | 2005 | | Н | \vdash | + | |
| CACH, LLC 370 17th Street Suite #5000 Denver, CO 80202 | | J | Consumer goods and services. Possible duplicate creditor for Providian #3702 | | | | | 0.00 |
| Account No. xxxx-xxxx-0826 | | | 07/05 | | H | _ | \dagger | |
| CHASE P.O. Box #15659 Wilmington, DE 19886-5659 | | н | Consumer goods and services | | | | | 3,116.00 |
| | | _ | <u> </u> | Subt | ota | l | \dagger | |
| 10 continuation sheets attached | | | (Total of t | his 1 | oag | e) | | 7,905.00 |

| In re | Timothy Michael Munson, | Case No. | _ |
|-------|-------------------------|----------|---|
| | Sarah Mary Munson | | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Hu H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | O C N T I N O E N T T T T T T T T T T T T T T T T T T | ; U | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|-----------------|------------------------|---|---|-----|--------------|----------|-----------------|
| Account No. Duplicate Creditor For: CHASE | | | CHASE 800 Brooksedge Boulevard Westerville, OH 43081 | | E | T E D | | |
| Account No. Duplicate Creditor For: CHASE | | | JPMORGANCHASE LEGAL DEPARTMENT 1985 Marcus Avenue, NY2-M352 New Hyde Park, NY 11042 | | | | | |
| Account No. Duplicate Creditor For: CHASE | | | MULLOOLY, JEFFREY, ROONEY, FLYNN, LLP 6851 Jericho Turnpike Suite #220, P.O. Box #9036 Syosset, NY 11791-9036 | | | | | |
| Account No. xxxx-xxxx-6263 CIRCUIT CITY c/o Payment Processing 95 James Way Suite #113 Southampton, PA 18966 | | н | 07/05 Consumer goods and services | | | | | 2,115.00 |
| Account No. Duplicate Creditor For: CIRCUIT CITY | | | CHASE 800 Brooksedge Boulevard Westerville, OH 43081 | | | | | |
| Sheet no. <u>1</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total o | Sul f this | | | | 2,115.00 |

| In re | Timothy Michael Munson, | Case No. | _ |
|-------|-------------------------|----------|---|
| | Sarah Mary Munson | | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | C | Ų | Т | D | |
|--|----------|-------------|---|------------|--------|-----------|----------------------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C A M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | l Q | 1 | S P U T E D | AMOUNT OF CLAIM |
| Account No. | | | LTD FINANCIAL SERVICES | Т | | | | |
| Duplicate Creditor For: | | İ | 7322 Southwest Freeway | | E D | 1 | | |
| CIRCUIT CITY | | İ | Suite #1600 | | | | | |
| | | | Houston, TX 77074 | | | | | |
| Account No. xxxxxx-698-3 | | | 01/08 | | T | T | | |
| | | | Checking Account Overdraft | | | | | |
| CITIZENS BANK | | ١ | | | | | | |
| Customer Service Center | | Н | | | | | | |
| P.O. Box #42001 | | | | | | | | |
| Providence, RI 02940-2001 | | | | | | | | 673.00 |
| Account No. | | | DANIELS AND NORELLI, P.C. | 1 | T | T | | |
| | | | 265 Post Avenue | | | | | |
| Duplicate Creditor For: | | | Suite #150 | | | | | |
| CITIZENS BANK | | | Westbury, NY 11590-2237 | | | | | |
| | | | | | | | | |
| Account No. | | | MID-ATLANTIC | | | | | |
| _ , , _ ,, _ | | | 525 William Penn Way Suite #1532465 | | | | | |
| Duplicate Creditor For: | | | Pittsburgh, PA 15219-1725 | | | | | |
| CITIZENS BANK | | | Fillsburgh, PA 15219-1725 | | | | | |
| | | | | | | | | |
| Account No. xxx9266 | | | 09/07 | \dagger | T | \dagger | _ | |
| | | | Consumer goods and services | | | | | |
| ES&L FEDERAL CREDIT UNION | | | | | | | | |
| 100 Kings Highway South | | J | | | | | | |
| Suite #1200 | | | | | | | | |
| Rochester, NY 14617 | | | | | | | | |
| | | L | | | | | | 654.00 |
| Sheet no. 2 of 10 sheets attached to Schedule of | | | | Sub | tota | al | | 1,327.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | his | na | σe | Δl | 1,527.00 |

| In re | Timothy Michael Munson, | Case No. |
|-------|-------------------------|----------|
| | Sarah Mary Munson | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | ΙQ | S P U | S P U | AMOUNT OF CLAIM |
|---|----------|------------------------|---|-----------|-------|-------------|-------------|-----------------|
| Account No. Duplicate Creditor For: ES&L FEDERAL CREDIT UNION | | | THE CREDIT BUREAU 19 Prince Street Rochester, NY 14607 | T | DATED | | | |
| Account No. xxx6322 ES&L FEDERAL CREDIT UNION 100 Kings Highway South Suite #1200 Rochester, NY 14617 | | J | 08/07 Consumer goods and services | | | | | 72.00 |
| Account No. Duplicate Creditor For: ES&L FEDERAL CREDIT UNION | | | THE CREDIT BUREAU 19 Prince Street Rochester, NY 14607 | | | | | |
| Account No. xxxx3020 ESL FEDERAL CREDIT UNION 100 Kings Highway South Suite #1200 Rochester, NY 14617 | - | J | 04/06 Checking Account Overdraft | | | | | 654.00 |
| Account No. Duplicate Creditor For: ESL FEDERAL CREDIT UNION | | | ES&L FEDERAL CREDIT UNION P.O. Box #3000 Rochester, NY 14617 | | | | | |
| Sheet no. _3 of _10 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of | Sub | | | | 726.00 |

Case 2-09-20628-JCN, Doc 1, Filed 03/17/09, Entered 03/17/09 11:18:18, Copyright (c) 1996-2009 - Best Case Solutions - Evanston, IIDes Cription: Main Document , Page 22 of 55

| In re | Timothy Michael Munson, | Case No. |
|-------|-------------------------|----------|
| | Sarah Mary Munson | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| | | _ | | | _ | _ | _ | |
|--|----------|-------------|---|------------|--------|-----------|-------------|-----------------|
| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | č | Ų | T | D | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBLOR | C H M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | l Q | 1 | S P U T E D | AMOUNT OF CLAIM |
| Account No. | | | THE CREDIT BUREAU | T | E D | | | |
| Duplicate Creditor For: | | | 19 Prince Street | L | D | 1 | _ | |
| ESL FEDERAL CREDIT UNION | | | Rochester, NY 14607 | | | | | |
| Account No. xxxxxxx1450 | | | 01/03/08 | | | T | | |
| EXCELLUS 165 Court Street Rochester, NY 14647 | | н | Medical Services | | | | | 57.00 |
| Account No. xxxxxxx8290 | | | 01/07/08 | | | Ť | | |
| EXCELLUS 165 Court Street Rochester, NY 14647 | | Н | Medical Services | | | | | 25.00 |
| Account No. xxxxxxx0200 | | | 01/03/08 | t | t | t | | |
| EXCELLUS 165 Court Street Rochester, NY 14647 | | н | Medical Services | | | | | 37.00 |
| Account No. xxxxxxx7870 | | | 01/08/08 | t | | \dagger | \dashv | |
| EXCELLUS 165 Court Street Rochester, NY 14647 | | н | Medical Services | | | | | 40.00 |
| Sheet no4 of _10_ sheets attached to Schedule of | | _ | <u> </u> | Sub | tota | ⊥ al | \dashv | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | | | | . | 159.00 |

| In re | Timothy Michael Munson, | Case No. |
|-------|-------------------------|----------|
| | Sarah Mary Munson | |

Debtors SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME, | C | Ηι | usband, Wife, Joint, or Community | Ç | Ü | P | |
|--|---------------|-------------|--|-----------|--------------|--------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | O D E B T O R | C J M | | CONTINGEN | UNLIQUIDATED | SPUTED | AMOUNT OF CLAIM |
| Account No. xxxxxxx2700 | | | 02/04/08 | Т | T | | |
| EXCELLUS 165 Court Street Rochester, NY 14647 | | Н | Medical Services | | D | | 25.00 |
| Account No. xxxxxxx7250 | | | 02/08/08 | | | | |
| EXCELLUS 165 Court Street Rochester, NY 14647 | | Н | Medical Services | | | | 25.00 |
| Account No. xxxxxxx7180 | | | 02/08/08 | | | | |
| EXCELLUS 165 Court Street Rochester, NY 14647 | | Н | Medical Services | | | | 25.00 |
| Account No. xxxxxx0339 | T | | 10/04/07 | t | | | |
| HIGHLAND HOSPITAL OF ROCHESTER P.O. Box #3486 Buffalo, NY 14240-3486 | | w | Medical Services | | | | 118.00 |
| Account No. | 1 | T | MERCANTILE ADJUSTMENT | T | | Г | |
| Duplicate Creditor For: HIGHLAND HOSPITAL OF ROCHESTER | | | BUREAU, LLC P.O. Box #9016 Buffalo, NY 14231-9016 | | | | |
| Sheet no5 of _10_ sheets attached to Schedule of | | | | Sub | tota | 1 | 193.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | his | pag | re) | 193.00 |

| In re | Timothy Michael Munson, | Case No. |
|-------|-------------------------|----------|
| | Sarah Mary Munson | |

Debtors SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS | COD | Hu | sband, Wife, Joint, or Community | CONT | U N L | D I S P | |
|---|----------|--------|---|-------------|-------------|------------------|-----------------|
| INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J M | CONSIDERATION FOR CLAIM. IF CLAIM | TINGEN | l QU | P U T | AMOUNT OF CLAIM |
| Account No. xxxxxx0161 | | | 09/28/07 | Ī | DATED | | |
| HIGHLAND HOSPITAL OF ROCHESTER P.O. Box #3486 Buffalo, NY 14240-3486 | | W | Medical Services | | | | 75.00 |
| Account No. xxxx-xxxx-xxxx-6832 | | | 02/05 | T | T | | |
| HSBC BANK USA 1 HSBC Center Buffalo, NY 14203 | | W | Consumer goods and services | | | | |
| | | | | | | | 2,666.00 |
| Account No. Duplicate Creditor For: HSBC BANK USA | | | ATLANTIC CREDIT AND FINANCE P.O. Box #13386 Roanoke, VA 24033 | | | | |
| Account No. Duplicate Creditor For: HSBC BANK USA | | | COHEN AND SLAMOWITZ, LLP P.O. Box #9004 Woodbury, NY 11797 | | | | |
| Account No. Duplicate Creditor For: HSBC BANK USA | | | HSBC BANK P.O. Box #5253 Carol Stream, IL 60197 | | | | |
| Sheet no. _6 of _10 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | Sub this | | | 2,741.00 |

| In re | Timothy Michael Munson, | Case No. |
|-------|-------------------------|----------|
| | Sarah Mary Munson | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| | _ | ١ | 1 11177 1:11 0 2 | | T | <u> </u> | 1 |
|---|----------|-------------------|---|-----------|--------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu H V C | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | UNLIQUIDATED | ۱۲ | AMOUNT OF CLAIM |
| Account No. xxxx-xxxx-xxxx-4734 | | | 06/06 | T | E | | |
| HSBC BANK USA 1 HSBC Center Buffalo, NY 14203 | | J | Consumer goods and services | | D | | 2,838.00 |
| Account No. | | | HSBC BANK | | T | | |
| Duplicate Creditor For: HSBC BANK USA | | | P.O. Box #5253 Carol Stream, IL 60197 | | | | |
| Account No. xxxx-xxxx-xxxx-4474 | | | 05/05 | | | | |
| HSBC BANK USA P.O. Box #9 Buffalo, NY 14240 | | Н | Consumer goods and services | | | | 3,149.00 |
| Account No. x9077 | | | 07/16/08 | + | ┢ | H | |
| HWANG NAM CHANG, M.D. 165 East Union Street Suite #202 Newark, NY 14513 | | н | Medical Services | | | | 43.00 |
| Account No. xxxxxxxx6002 | | \vdash | 02/22/08 | + | \vdash | \vdash | |
| LIFETIME HEALTH MEDICAL GROUP P.O. Box #3169 Syracuse, NY 13220-3169 | | н | Medical Services | | | | 21.00 |
| | | | | | \perp | | 21.00 |
| Sheet no7 of _10_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | | tota na o | | 6,051.00 |

| In re | Timothy Michael Munson, | Case No. |
|-------|-------------------------|----------|
| | Sarah Mary Munson | |

Debtors SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| | _ | | | | | | |
|--|---------------|-------------|---|-----------|------------|-----------------|-----------------|
| CREDITOR'S NAME, | CO | Ηι | usband, Wife, Joint, or Community | S | U | D | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | O D E B T O R | C A M | | CONTINGEN | LIQUIDATED | D I S P U T E D | AMOUNT OF CLAIM |
| Account No. xxxxx194-3 | | | 02/24/08 | Т | T E | | |
| NEWARK WAYNE HOSPITAL P.O. Box #10758 Rochester, NY 14610-0758 | | W | Medical Services | | D | | 100.00 |
| Account No. xxxxx179-3 | | | 02/22/08 | | | | |
| NEWARK WAYNE HOSPITAL P.O. Box #10758 Rochester, NY 14610-0758 | | W | Medical Services | | | | 100.00 |
| Account No. x6581 | ┢ | | 07/03/08 | T | H | H | |
| PERINATAL CENTER Billing Office 2100 Penfield Road Box #29 Walworth, NY 14568 | | W | Medical Services | | | | 90.00 |
| Account No. xxxx-xxxx-xxxx-3702 | t | | 2005 | | T | | |
| PROVIDIAN P.O. Box #660548 Dallas, TX 75266-0548 | | Н | Consumer goods and services | | | | 7,150.00 |
| Account No. | ┞ | | CACHILLO | + | ╀ | | 7,130.00 |
| Duplicate Creditor For: PROVIDIAN | | | CACH, LLC 370 17th Street Suite #5000 Denver, CO 80202 | | | | |
| Sheet no. 8 of 10 sheets attached to Schedule of | | | | Sub | | | 7,440.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | his | pag | re) | 1,770.00 |

| In re | Timothy Michael Munson, | Case No |
|-------|-------------------------|---------|
| | Sarah Mary Munson | |

Debtors SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME, | C | Ηι | sband, Wife, Joint, or Community | S | U N | D | |
|--|----------|-------------|--|-----------|-----------------------|--------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J H M | | CONFINGEN | Z L L Q U L D A T E D | SPUTED | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxx2415 | | | 11/06 | Т | T | | |
| STAPLES P.O. Box #6497 Sioux Falls, SD 57117-6497 | | w | Consumer goods and services | | D | | 871.00 |
| Account No. x-xxx-xx2-042 | | | 08/06 | | | | |
| TARGET Retailers National Bank P.O. Box 59317 Minneapolis, MN 55459-0317 | | н | Consumer goods and services | | | | |
| | | | | | | | 243.00 |
| Account No. | | | TARGET | | T | | |
| Duplicate Creditor For: TARGET | | | P.O. Box #673 Minneapolis, MN 55440 | | | | |
| Account No. xxxx2562 | ┝ | \vdash | 07/08 | - | | | |
| THOMAS MCNANLEY, M.D. 6390 Main Street Suite #160 Buffalo, NY 14221 | | w | Medical Services | | | | 90.00 |
| Account No. xxxx6804 | T | | 01/08 | T | T | | |
| VIAHEALTH OF WAYNE NEWARK CAMP Patient Financial Services P.O. Box #10758 Rochester, NY 14610-1075 | | н | Medical Services | | | | 44.00 |
| Sheet no. 9 of 10 sheets attached to Schedule of | | | | Sub | tota | 1 | 4 249 22 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | his | pag | ge) | 1,248.00 |

| In re | Timothy Michael Munson, | Case No. |
|-------|-------------------------|----------|
| | Sarah Mary Munson | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | CON | U N | D | |
|--|----------|-------------|---|----------|--------------|--------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J H H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | ONTINGEN | l QU | SPUTED | AMOUNT OF CLAIM |
| Account No. xxxx6838 | | Г | 01/08 | T | T | | |
| VIAHEALTH OF WAYNE NEWARK CAMP Patient Financial Services P.O. Box #10758 Rochester, NY 14610-1075 | | Н | Medical Services | | E D | | 37.00 |
| Account No. xxxxxxxxxxxxx0934 | | | 06/04 | T | T | | |
| WALMART P.O. Box #981400 El Paso, TX 79998 | | J | Consumer goods and services | | | | 447.00 |
| | | | | | | | 447.00 |
| Account No. Duplicate Creditor For: WALMART | | | LVNV FUNDING, LLC P.O. Box #10584 Greenville, SC 29603 | | | | |
| Account No. x9700 | | | 10/01/07 | H | H | | |
| WOMEN GYNECOLOGY AND CHILDBIRTH ASSOCIATES, P.C. 1815 South Clinton Avenue Suite #610 | | w | Medical Services | | | | 50.00 |
| Rochester, NY 14618 | | ┡ | | 1 | <u> </u> | | 00.00 |
| Account No. | | | | | | | |
| Sheet no. 10 of 10 sheets attached to Schedule of | | | | Sub | | | 534.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | | | | |
| | | | (Report on Summary of So | | Γota dule | | 30,439.00 |

| - | r | |
|---|---|----|
| | n | rΔ |
| | | 10 |

Timothy Michael Munson, Sarah Mary Munson

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

| In | re | ٠ |
|----|----|---|
| | | |

Timothy Michael Munson, Sarah Mary Munson

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

| | Timothy Michael Munson | | | |
|-------|------------------------|-----------|----------|--|
| In re | Sarah Mary Munson | | Case No. | |
| | | Debtor(s) | ·- | |

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| 2. Estimate monthly overtime \$ 0.00 \$ 0.1 3. SUBTOTAL \$ 0.00 \$ 0.1 4. LESS PAYROLL DEDUCTIONS a. Payroll taxes and social security \$ 0.00 \$ 0.1 b. Insurance \$ 0.00 \$ 0.1 c. Union dues \$ 0.00 \$ 0.1 c. Union dues \$ 0.00 \$ 0.1 5. SUBTOTAL OF PAYROLL DEDUCTIONS \$ 0.00 \$ 0.1 5. SUBTOTAL OF PAYROLL DEDUCTIONS \$ 0.00 \$ 0.1 5. Regular income from operation of business or profession or farm (Attach detailed statement) \$ 0.00 \$ 0.1 7. Regular income from operation of business or profession or farm (Attach detailed statement) \$ 0.00 \$ 0.1 8. Income from real property \$ 0.00 \$ 0.1 9. Interest and dividends \$ 0.00 \$ 0.1 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above \$ 0.00 \$ 0.1 | Debtor's Marital Status: | DEPENDENTS | S OF DEBTOR AND SE | POUSE | | |
|---|---------------------------------------|---|--------------------|--------|-------------|--------|
| Occupation Unemployed Programmer Homemaker Name of Employer 2 Years How long employed 2 1/2 years Address of Employer INCOME: (Estimate of average or projected monthly income at time case filed) DEBTOR SPOUSE 1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly) \$ 0.00 \$ 0.1 2. Estimate monthly overtime \$ 0.00 \$ 0.00 \$ 0.0 3. SUBTOTAL \$ 0.00 \$ 0.00 \$ 0.0 4. LESS PAYROLL DEDUCTIONS \$ 0.00 \$ 0.0 \$ 0.0 a. Payroll taxes and social security \$ 0.00 \$ 0.0 \$ 0.0 b. Insurance \$ 0.00 \$ 0.0 \$ 0.0 \$ 0.0 c. Union dues \$ 0.00 \$ 0.0 <td< th=""><th>Married</th><th>Daughter</th><th>1</th><th></th><th></th><th></th></td<> | Married | Daughter | 1 | | | |
| Name of Employer How long employed 2 1/2 years 2 Years | Employment: | DEBTOR | | SPOUSE | | |
| How long employed 2 1/2 years 2 Years 2 Years 3 | Occupation U | nemployed Programmer | Homemaker | | | |
| Address of Employer | Name of Employer | | | | | |
| INCOME: (Estimate of average or projected monthly income at time case filed) DEBTOR SPOUSE | How long employed 2 | 1/2 years | 2 Years | | | |
| 1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly) \$ 0.00 \$ 0.1 2. Estimate monthly overtime \$ 0.00 \$ 0.1 3. SUBTOTAL \$ 0.00 \$ 0.1 4. LESS PAYROLL DEDUCTIONS \$ 0.00 \$ 0.0 a. Payroll taxes and social security \$ 0.00 \$ 0.0 b. Insurance \$ 0.00 \$ 0.0 c. Union dues \$ 0.00 \$ 0.0 d. Other (Specify): \$ 0.00 \$ 0.0 5. SUBTOTAL OF PAYROLL DEDUCTIONS \$ 0.00 \$ 0.0 6. TOTAL NET MONTHLY TAKE HOME PAY \$ 0.00 \$ 0.0 7. Regular income from operation of business or profession or farm (Attach detailed statement) \$ 0.00 \$ 0.0 8. Income from real property \$ 0.00 \$ 0.0 \$ 0.1 9. Interest and dividends \$ 0.00 \$ 0.0 \$ 0.1 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above \$ 0.00 \$ 0.0 | Address of Employer | | | | | |
| 2. Estimate monthly overtime \$ 0.00 \$ 0.1 3. SUBTOTAL \$ 0.00 \$ 0.1 4. LESS PAYROLL DEDUCTIONS a. Payroll taxes and social security \$ 0.00 \$ 0.1 b. Insurance \$ 0.00 \$ 0.1 c. Union dues \$ 0.00 \$ 0.1 d. Other (Specify): \$ 0.00 \$ 0.1 5. SUBTOTAL OF PAYROLL DEDUCTIONS \$ 0.00 \$ 0.1 5. SUBTOTAL OF PAYROLL DEDUCTIONS \$ 0.00 \$ 0.1 5. Regular income from operation of business or profession or farm (Attach detailed statement) \$ 0.00 \$ 0.1 7. Regular income from operation of business or profession or farm (Attach detailed statement) \$ 0.00 \$ 0.1 8. Income from real property \$ 0.00 \$ 0.1 9. Interest and dividends \$ 0.00 \$ 0.1 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above \$ 0.00 \$ 0.1 | INCOME: (Estimate of average or pr | ojected monthly income at time case filed) | | DEBTOR | | SPOUSE |
| 3. SUBTOTAL 4. LESS PAYROLL DEDUCTIONS a. Payroll taxes and social security b. Insurance c. Union dues d. Other (Specify): 5. SUBTOTAL OF PAYROLL DEDUCTIONS 6. TOTAL NET MONTHLY TAKE HOME PAY 7. Regular income from operation of business or profession or farm (Attach detailed statement) 8. Income from real property 9. Interest and dividends 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above 8. O.00 \$ O.1 | 1. Monthly gross wages, salary, and c | ommissions (Prorate if not paid monthly) | \$ | 0.00 | \$ | 0.00 |
| 4. LESS PAYROLL DEDUCTIONS a. Payroll taxes and social security b. Insurance c. Union dues d. Other (Specify): 5. SUBTOTAL OF PAYROLL DEDUCTIONS 6. TOTAL NET MONTHLY TAKE HOME PAY 7. Regular income from operation of business or profession or farm (Attach detailed statement) 8. Income from real property 9. Interest and dividends 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above 4. LESS PAYROLL DEDUCTIONS 5. 0.00 9. | 2. Estimate monthly overtime | | \$ | 0.00 | \$ | 0.00 |
| a. Payroll taxes and social security b. Insurance c. Union dues d. Other (Specify): 5. SUBTOTAL OF PAYROLL DEDUCTIONS 6. TOTAL NET MONTHLY TAKE HOME PAY 7. Regular income from operation of business or profession or farm (Attach detailed statement) 8. Income from real property 9. Interest and dividends 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above \$ 0.00 | 3. SUBTOTAL | | \$ | 0.00 | \$ | 0.00 |
| b. Insurance c. Union dues d. Other (Specify): 5. SUBTOTAL OF PAYROLL DEDUCTIONS 6. TOTAL NET MONTHLY TAKE HOME PAY 7. Regular income from operation of business or profession or farm (Attach detailed statement) 8. Income from real property 9. Interest and dividends 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above \$ 0.00 \$ 0.0 | | | | | | |
| c. Union dues d. Other (Specify): \$ 0.00 \$ 0.0 \$ 0.00 \$ | _ | ity | \$ | | | 0.00 |
| d. Other (Specify): \$ 0.00 \$ 0.00 5. SUBTOTAL OF PAYROLL DEDUCTIONS 6. TOTAL NET MONTHLY TAKE HOME PAY 7. Regular income from operation of business or profession or farm (Attach detailed statement) 8. Income from real property 9. Interest and dividends 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above \$ 0.00 \$ 0.00 | | | \$ | | \$ | 0.00 |
| 5. SUBTOTAL OF PAYROLL DEDUCTIONS \$ 0.00 \$ 0.00 6. TOTAL NET MONTHLY TAKE HOME PAY 7. Regular income from operation of business or profession or farm (Attach detailed statement) 8. Income from real property 9. Interest and dividends 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above \$ 0.00 \$ 0.00 \$ 0. | | | \$_ | • | \$ | 0.00 |
| 5. SUBTOTAL OF PAYROLL DEDUCTIONS 6. TOTAL NET MONTHLY TAKE HOME PAY 7. Regular income from operation of business or profession or farm (Attach detailed statement) 8. Income from real property 9. Interest and dividends 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above \$ 0.00 \$ 0. | d. Other (Specify): | | | | \$ | 0.00 |
| 6. TOTAL NET MONTHLY TAKE HOME PAY 7. Regular income from operation of business or profession or farm (Attach detailed statement) 8. Income from real property 9. Interest and dividends 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above 9. O.00 9. O. | | | | 0.00 | \$ | 0.00 |
| 7. Regular income from operation of business or profession or farm (Attach detailed statement) \$ 0.00 \$ 0.0 | 5. SUBTOTAL OF PAYROLL DED | UCTIONS | \$ | 0.00 | \$ | 0.00 |
| 8. Income from real property \$ 0.00 \$ 0.00 9. Interest and dividends \$ 0.00 \$ 0.00 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above \$ 0.00 \$ 0.00 | 6. TOTAL NET MONTHLY TAKE I | HOME PAY | \$ | 0.00 | \$ | 0.00 |
| 9. Interest and dividends \$ 0.00 \$ 0.00 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above \$ 0.00 \$ 0.00 | 7. Regular income from operation of | ousiness or profession or farm (Attach detailed sta | atement) \$ | 0.00 | \$ | 0.00 |
| 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above \$ 0.00 \$ 0.00 | 8. Income from real property | • | \$ | 0.00 | \$ | 0.00 |
| dependents listed above \$ 0.00 \$ 0. | 9. Interest and dividends | | \$ | 0.00 | \$ | 0.00 |
| <u></u> | | payments payable to the debtor for the debtor's u | se or that of \$ | 0.00 | \$ | 0.00 |
| | 11. Social security or government ass | istance | ¢ | 0.00 | ¢ | 0.00 |
| | (Specify). | | <u>\$</u> _ | | | 0.00 |
| | 12 Pansion or ratirement income | | | | \$ <u> </u> | 0.00 |
| 13. Other monthly income | | | Ψ | 0.00 | Ψ | 0.00 |
| | | nent Compensation | \$ | 788.00 | \$ | 0.00 |
| | | | \$ | | \$ | 0.00 |
| 14. SUBTOTAL OF LINES 7 THROUGH 13 \$ 788.00 \$ 0. 0 | 14. SUBTOTAL OF LINES 7 THRO | UGH 13 | \$ | 788.00 | \$ | 0.00 |
| | | | \$_ | 788.00 | \$ | 0.00 |
| 16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15) \$ 788.00 | | • | | \$ | 788.00 | |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

B6I (Official Form 6I) (12/07)

- 17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
 - A. Debtor started receiving unemployment compensation on 03/17/08, and received the same for approximately 26 weeks. Thereafter, Debtor was given a 13 week extension, and a subsequent 7 week extension, and recently received another 13 week extension, to commence on 02/22/09.
 - B. Debtor Spouse is supposed to receive \$58/week as and for child support, but has not received the same since 08/01/08 Present date. As such, no child support payments have been listed.

| | Timothy Michael Munson | | | |
|-------|------------------------|-----------|----------|--|
| In re | Sarah Mary Munson | | Case No. | |
| | | Debtor(s) | | |

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

| expenses calculated on this form may differ from the deductions from mediae anowed on Form 221 of 22 | 20. | |
|--|--------------|----------------|
| ☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete expenditures labeled "Spouse." | ete a separa | te schedule of |
| 1. Rent or home mortgage payment (include lot rented for mobile home) | \$ | 344.00 |
| a. Are real estate taxes included? Yes No _X_ | ' | - |
| b. Is property insurance included? Yes NoX | | |
| 2. Utilities: a. Electricity and heating fuel | \$ | 200.00 |
| b. Water and sewer | \$ | 20.00 |
| c. Telephone | \$ | 70.00 |
| d. Other See Detailed Expense Attachment | \$ | 435.00 |
| 3. Home maintenance (repairs and upkeep) | \$ | 35.00 |
| 4. Food | \$ | 200.00 |
| 5. Clothing | \$ | 50.00 |
| 6. Laundry and dry cleaning | \$ | 15.00 |
| 7. Medical and dental expenses | \$ | 105.00 |
| 8. Transportation (not including car payments) | \$ | 80.00 |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ | 75.00 |
| 10. Charitable contributions | \$ | 35.00 |
| 11. Insurance (not deducted from wages or included in home mortgage payments) | | |
| a. Homeowner's or renter's | \$ | 0.00 |
| b. Life | \$ | 0.00 |
| c. Health | \$ | 101.00 |
| d. Auto | \$ | 0.00 |
| e. Other | \$ | 0.00 |
| 12. Taxes (not deducted from wages or included in home mortgage payments) | | |
| (Specify) Estimated payments to NYS for 2008 Liability | \$ | 15.00 |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) | · <u></u> | |
| a. Auto | \$ | 0.00 |
| b. Other | \$ | 0.00 |
| c. Other | \$ | 0.00 |
| 14. Alimony, maintenance, and support paid to others | \$ | 0.00 |
| 15. Payments for support of additional dependents not living at your home | \$ | 0.00 |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ | 0.00 |
| 17. Other Personal Grooming/Emergencies/Etc. | \$ | 75.00 |
| Other Pet Expenses | \$ | 35.00 |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | \$ | 1,890.00 |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:20. STATEMENT OF MONTHLY NET INCOME | - | |
| a. Average monthly income from Line 15 of Schedule I | \$ | 788.00 |
| b. Average monthly expenses from Line 18 above | \$ | 1,890.00 |
| c Monthly net income (a minus b) | \$ | -1.102.00 |

| Timoth | ny Michael | Munson |
|--------|------------|--------|
| Sarah | Mary Muns | son |

| Case No. | |
|----------|--|
| | |

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) Detailed Expense Attachment

Other Utility Expenditures:

| Direct TV | \$ | 70.00 |
|----------------------------------|----------|--------|
| Internet | <u> </u> | 45.00 |
| Lot Rent | \$ | 320.00 |
| Total Other Utility Expenditures | | 435.00 |

United States Bankruptcy Court Western District of New York

| _ | Timothy Michael Munson | | | |
|-------|------------------------|-----------|----------|---|
| In re | Sarah Mary Munson | | Case No. | |
| | | Debtor(s) | Chapter | 7 |
| | | | | |

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

| | I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of sheets, and that they are true and correct to the best of my knowledge, information, and belief. | | |
|------|---|-----------|--|
| Date | March 13, 2009 | Signature | /s/ Timothy Michael Munson Timothy Michael Munson Debtor |
| Date | March 13, 2009 | Signature | /s/ Sarah Mary Munson Sarah Mary Munson Joint Debtor |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

| In re | Timothy Michael Munson Sarah Mary Munson | | Case No. | |
|-------|---|-----------------------------|----------|---|
| | | Debtor(s) | Chapter | 7 |
| | | STATEMENT OF FINANCIAL AFFA | IRS | |

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE \$1,552.00 2008 Wages \$25,262.00 2007 Wages

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$16,160.00 2008 Unemployment Compensation

\$616.00 2008 Child Support

\$2,901.00 2008 401(k) Distribution

\$112.00 2007 Child Support

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATES OF NAME AND ADDRESS AMOUNT STILL OF CREDITOR **PAYMENTS** AMOUNT PAID OWING **BALLSTON SPA NATIONAL BANK** 12/01/08 - 02/28/09 \$28,490.00 \$1,030.00 P.O. Box #70 Ballston Spa, NY 12020-0070 GALVINS MOBILE HOME PARK 12/01/08 - 02/28/09 \$960.00 \$0.00 1612 Hennessey Road Ontario, NY 14519

None

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
DATES OF PAID OR
PAYMENTS/ VALUE OF AMOUNT STILL
TRANSFERS TRANSFERS OWING

NAME AND ADDRESS OF CREDITOR

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None П

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER Chase Bank USA, N.A. v. Timothy M. Munson Index #62467-07

NATURE OF PROCEEDING **Consumer Credit**

Transaction

Wayne County Supreme Court Lyons, New York

AND LOCATION

COURT OR AGENCY

HSBC Bank Nevada, N.A. v. Timothy M. Munson

Consumer Credit Transaction

Wayne County Supreme Court

Pending

Pending

STATUS OR

DISPOSITION

Index #61577 Lyons, New York

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATE OF REPOSSESSION.

FORECLOSURE SALE. TRANSFER OR RETURN DESCRIPTION AND VALUE OF **PROPERTY**

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATE OF

NAME AND ADDRESS OF ASSIGNEE

NAME AND ADDRESS OF

CREDITOR OR SELLER

ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND LOCATION

NAME AND ADDRESS OF COURT DESCRIPTION AND VALUE OF OF CUSTODIAN CASE TITLE & NUMBER ORDER **PROPERTY**

7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DATE OF

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS
OF PAYEE
CONSUMER CREDIT COUNSELING
SERVICE OF ROCHESTER, INC.
50 Chestnut Plaza
Suite #500

Suite #500 Rochester, NY 14604 SEKHARAN LAW OFFICE, P.C.

2540 Brighton Henrietta Townline Road Rochester, NY 14623 DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR 02/13/09 AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

\$0 (Fee waived)

See 2016(b) Affidavit

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

CHRISTOPHER AMAN 1524 Ridge Road Ontario, NY 14519-8603 BFP DATE **12/08**

02/09

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

Debtor sold 1987 Stratos Boat Model #179-V for \$1,000. Average NADA price was \$1,330. Debtor used the sale proceeds to pay for normal monthly bills, and meet his ordinary and necessary living expenses.

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

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11. Closed financial accounts

None П

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION CITIZENS BANK **Customer Service Center**

P.O. Box #42001 Providence, RI 02940-2001

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE Checking Account #698-3 Balance: (\$672.94)

AMOUNT AND DATE OF SALE OR CLOSING

(\$672.94) 10/08

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

None

NAME

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

BEGINNING AND
NATURE OF BUSINESS ENDING DATES

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or

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owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS

DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

DATE OF INVENTORY

INVENTORY SUPERVISOR

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NATURE AND PERCENTAGE
NAME AND ADDRESS
TITLE

NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

22 . Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME ADDRESS DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the

commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated

group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | March 13, 2009 | Signature | /s/ Timothy Michael Munson | |
|------|----------------|-----------|----------------------------|--|
| | | | Timothy Michael Munson | |
| | | | Debtor | |
| Date | March 13, 2009 | Signature | /s/ Sarah Mary Munson | |
| | | | Sarah Mary Munson | |
| | | | Joint Debtor | |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

| In re | Timothy Michael Munson Sarah Mary Munson | | | Case No. |
|----------------|--|---------------------------------|--|--|
| mie | Caran mary munson | Deb | otor(s) | Chapter 7 |
| PART | | | st be fully comple | Γ OF INTENTION ted for EACH debt which is secured by |
| Proper | rty No. 1 | | | |
| | tor's Name: STON SPA NATIONAL BANK | S 10 | escribe Property S ingle family dwelli 612 Hennessey Ro Intario, New York | ng |
| Prope | rty will be (check one): | | | |
| | l Surrendered | ■ Retained | | |
| | ining the property, I intend to (chall Redeem the property Reaffirm the debt Other. Explain | | lien using 11 U.S.C | C. § 522(f)). |
| Proper | rty is (check one): | | | |
| - | l Claimed as Exempt | | Not claimed as ex | empt |
| | B - Personal property subject to additional pages if necessary.) | unexpired leases. (All three co | olumns of Part B mu | ust be completed for each unexpired lease. |
| Proper | rty No. 1 | | | |
| Lesso: -NON | r's Name: E- | Describe Leased Prope | erty: | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): ☐ YES ☐ NO |

B8 (Form 8) (12/08) Page 2

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Joint Debtor

Date March 13, 2009
Signature /s/ Timothy Michael Munson
Timothy Michael Munson
Debtor

Date March 13, 2009
Signature /s/ Sarah Mary Munson
Sarah Mary Munson

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| Timothy Michael Munson | | | |
|------------------------|-----------|----------|---|
| Sarah Mary Munson | | Case No. | |
| | Dobtor(s) | Chapter | 7 |

| | | Debtor(s) | Спарі | ei r | |
|-----|---|---|--|---|--|
| | DISCLOSURE OF COM | PENSATION OF ATTORN | NEY FOR | DEBTOR(S) | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplat | e filing of the petition in bankruptcy, o | or agreed to be | e paid to me, for services rendered or to | |
| | For legal services, I have agreed to accept | | \$ | 1,000.00 | |
| | Prior to the filing of this statement I have receive | ved | \$ | 1,000.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed c | ompensation with any other person un | less they are r | nembers and associates of my law firm. | |
| | ☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the | | | | |
| 5. | In return for the above-disclosed fee, I have agreed | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | |
| | a. Analysis of the debtor's financial situation, and rb. Preparation and filing of any petition, schedules,c. Representation of the debtor at the meeting of crd. [Other provisions as needed] | statement of affairs and plan which m | ay be required | 1; | |
| 6. | By agreement with the debtor(s), the above-disclose Negotiations with secured creditors reaffirmation agreements and applic defense of the Debtors. Representa relief from stay actions or any other Trustee, | to reduce to market value; exem ations as needed; preparation a tion of the debtors in any discha | nption plann nd filing of a rgeability a | any responsive motions in ctions, judicial lien avoidances, | |
| | | CERTIFICATION | | | |
| thi | I certify that the foregoing is a complete statement os bankruptcy proceeding. | f any agreement or arrangement for pa | yment to me f | for representation of the debtor(s) in | |
| Da | nted: March 13, 2009 | /s/ Raja N. Sekharai | n | | |
| | | Raja N. Sekharan | | | |
| | | SEKHARAN LAW O 2540 Brighton Henr | | ne Road | |
| | | Rochester, NY 1462 | | ne roud | |
| | | (585)272-7007 Fax | | 011 | |
| | | rns@rochester.rr.co | UIII | | |

In re

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF NEW YORK

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments

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over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of Attorney

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

| Raja N. Seknaran | X /s/ Raja N. Seknaran | March 13, 2009 |
|--|------------------------------------|----------------|
| Printed Name of Attorney | Signature of Attorney | Date |
| Address: | | |
| 2540 Brighton Henrietta Townline Road | | |
| Rochester, NY 14623 | | |
| (585)272-7007 | | |
| rns@rochester.rr.com | | |
| | Certificate of Debtor | |
| I (We), the debtor(s), affirm that I (we) have re- | | |
| Timothy Michael Munson | | |
| Sarah Mary Munson | X /s/ Timothy Michael Munson | March 13, 2009 |
| Printed Name(s) of Debtor(s) | Signature of Debtor | Date |
| Case No. (if known) | X /s/ Sarah Mary Munson | March 13, 2009 |
| | Signature of Joint Debtor (if any) | Date |

| | i imotny wichaei wunson | | |
|---------|--|--|---|
| In re | Sarah Mary Munson | | Case No. |
| | | Debtor(s) | Chapter 7 |
| | VERIFI | CATION OF CREDITOR | MATRIX |
| The abo | ove-named Debtors hereby verify that t | he attached list of creditors is true and | correct to the best of their knowledge. |
| Date: | March 13, 2009 | /s/ Timothy Michael Munson Timothy Michael Munson | |
| | | Signature of Debtor | |
| Date: | March 13, 2009 | /s/ Sarah Mary Munson | |
| | | Sarah Mary Munson | |

Signature of Debtor

ATLANTIC CREDIT AND FINANCE P.O. Box #13386 Roanoke, VA 24033

BALLSTON SPA NATIONAL BANK P.O. Box #70 Ballston Spa, NY 12020-0070

CACH, LLC 370 17th Street Suite #5000 Denver, CO 80202

CHASE P.O. Box #15659 Wilmington, DE 19886-5659

CHASE 800 Brooksedge Boulevard Westerville, OH 43081

CIRCUIT CITY c/o Payment Processing 95 James Way Suite #113 Southampton, PA 18966

CITIZENS BANK
Customer Service Center
P.O. Box #42001
Providence, RI 02940-2001

COHEN AND SLAMOWITZ, LLP P.O. Box #9004 Woodbury, NY 11797

DANIELS AND NORELLI, P.C. 265 Post Avenue Suite #150 Westbury, NY 11590-2237

ES&L FEDERAL CREDIT UNION 100 Kings Highway South Suite #1200 Rochester, NY 14617

ES&L FEDERAL CREDIT UNION P.O. Box #3000 Rochester, NY 14617

ESL FEDERAL CREDIT UNION 100 Kings Highway South Suite #1200 Rochester, NY 14617

EXCELLUS 165 Court Street Rochester, NY 14647

HIGHLAND HOSPITAL OF ROCHESTER P.O. Box #3486 Buffalo, NY 14240-3486

HSBC BANK
P.O. Box #5253
Carol Stream, IL 60197

HSBC BANK USA 1 HSBC Center Buffalo, NY 14203

HSBC BANK USA P.O. Box #9 Buffalo, NY 14240

HWANG NAM CHANG, M.D. 165 East Union Street Suite #202 Newark, NY 14513

JPMORGANCHASE LEGAL DEPARTMENT 1985 Marcus Avenue, NY2-M352 New Hyde Park, NY 11042

LIFETIME HEALTH MEDICAL GROUP P.O. Box #3169 Syracuse, NY 13220-3169

LTD FINANCIAL SERVICES 7322 Southwest Freeway Suite #1600 Houston, TX 77074

LVNV FUNDING, LLC P.O. Box #10584 Greenville, SC 29603

MERCANTILE ADJUSTMENT BUREAU, LLC P.O. Box #9016 Buffalo, NY 14231-9016

MID-ATLANTIC 525 William Penn Way Suite #1532465 Pittsburgh, PA 15219-1725

MULLOOLY, JEFFREY, ROONEY, FLYNN, LLP 6851 Jericho Turnpike Suite #220, P.O. Box #9036 Syosset, NY 11791-9036

NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE W.A. Harriman Building Albany, NY 12201

NEWARK WAYNE HOSPITAL P.O. Box #10758 Rochester, NY 14610-0758

PERINATAL CENTER Billing Office 2100 Penfield Road Box #29 Walworth, NY 14568

PROVIDIAN
P.O. Box #660548
Dallas, TX 75266-0548

STAPLES
P.O. Box #6497
Sioux Falls, SD 57117-6497

TARGET
Retailers National Bank
P.O. Box 59317
Minneapolis, MN 55459-0317

TARGET
P.O. Box #673
Minneapolis, MN 55440

THE CREDIT BUREAU 19 Prince Street Rochester, NY 14607

THOMAS MCNANLEY, M.D. 6390 Main Street Suite #160 Buffalo, NY 14221

VIAHEALTH OF WAYNE- - NEWARK CAMP Patient Financial Services P.O. Box #10758 Rochester, NY 14610-1075

WALMART P.O. Box #981400 El Paso, TX 79998

WOMEN GYNECOLOGY AND CHILDBIRTH ASSOCIATES, P.C. 1815 South Clinton Avenue Suite #610 Rochester, NY 14618